STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jeffrey N. Rudolph	██████████	President's Office

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Executive Director	M01	California Science Center	268

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
██████████	700 Exposition Park Drive	(213) 744-7483

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
██████████	CA	████	Los Angeles	CA	90037

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
0800-1700 M-F	██████████	0.000

(4) MONTH/YEAR 5/09 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
25	800	Los Angeles-Sacramento						0.00	PC			0.00		0.00
26		Sacramento										0.00		0.00
27	1730	Sacramento-Los Angeles						0.00	A	15.00		0.00		15.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		15.00	0.00	0.00	0.00	15.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $15.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Traveled from Los Angeles to Sacramento, at no expense to the State, to attend the California Council on Science and Technology Smart Governance in times of Economic Crisis meetings during Tuesday 5/26/09 and Wednesday 5/27/09. Return airfare from Sacramento to Los Angeles, $151.60 paid by State AMEX card.

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
██████████		██████████	7/20/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse) | DATE